

L67000656868

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(City/State/Zip/Phone #)

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2011 OCT 21 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 24 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAMPBELL TECHNOLOGY SOLUTIONS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIN CAMPBELL

Name of Person

CAMPBELL TECHNOLOGY SOLUTIONS LLC

Firm/Company

PO BOX 340241

Address

TAMPA, FL 33694

City/State and Zip Code

Contact @nathanphoto.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIN CAMPBELL

Name of Person

at ( 813 ) 924-3286

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2011 OCT 21 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CAMPBELL TECHNOLOGY SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 29, 2007 and assigned  
Florida document number L07000056868.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NATHAN PASTO LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2509 DEER FOREST DR

LUTZ, FL 33559

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 340241

TAMPA, FL 33694

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ERIN CAMPBELL

New Registered Office Address:

2509 DEER FOREST DR

*Enter Florida street address*

LUTZ

*City*

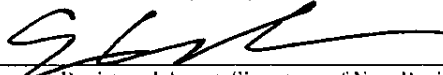
Florida

33559

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

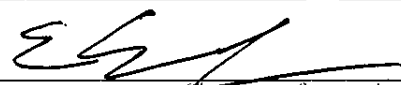
| <u>Title</u> | <u>Name</u>     | <u>Address</u>                        | <u>Type of Action</u>  |
|--------------|-----------------|---------------------------------------|--|
| MR MGR       | NATHAN CAMPBELL | 2509 DEER FOREST DR<br>LUTZ, FL 33559 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                 |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2011 OCT 21 PM 12:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
ERIN CAMPBELL

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
NATHAN CAMPBELL

Typed or printed name of signee